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Country Note**

Guinea

Summary

The Executive Director presents the country note for the programme of cooperation with Guinea for the period 2002-2006.

The situation of children and women

1. Guinea has a population of 7,845,380 (2000), 53 per cent of whom are under the age of 18 years and 51 per cent of whom are women; 40 per cent are living below the poverty threshold. The per capita gross national product (GNP) is US$ 540 (1998). Several programmes are under way to reduce poverty and achieve the objectives of the 20/20 Initiative. The resources devoted in 1998 to basic social services reached the level of 17 per cent of official development assistance and helped to reduce infant and under-five mortality rates between 1992 and 1998 from 136 to 98 and from 229 to 177 per 1,000 live births respectively (Guinea demographic and health survey, 1999). These efforts are, however, slowed down by the strong growth in population (3.1 per cent), the low level of growth in Gross Domestic Product (GDP) (3.2 per cent in 1998), the build-up of external debt (75 per cent of GDP), the burden of 800,000 refugees, and the delay in implementation

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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of the decentralization policy. This situation is made more fragile by domestic socio-political tension, subregional instability and the risk of rapid growth of the HIV/AIDS epidemic (estimated prevalence between 2.2 and 4.1 per cent). In 1999 Guinea submitted its report to the Committee on the Rights of the Child and established a plan of action to implement recommendations on: drawing up a childhood code; strengthening the statistics system; disseminating the Convention on the Rights of the Child more widely; and placing greater emphasis in development programmes on a rule-of-law approach and the protection of refugees.

2. Malaria, acute respiratory infections (ARI) and diarrhoea account for 70 per cent of medical consultations in the case of children; 26 per cent suffer from chronic malnutrition; and the prevalence of goitre in children of school age is 64 per cent. This situation is explained by continuing poor access to health services (60 per cent in 1999), low vaccination coverage (diphtheria, tetanus and whooping cough, 58 per cent) in spite of the success of the anti-poliomyelitis campaign, poor access to drinking water (52 per cent) and poor sanitation and inadequate care at the family and community level.

3. Children still do not benefit from all the opportunities that are available for their development. Pre-school education reaches only 8 per cent of children. The gross enrolment rate has improved (54 per cent in 1999 as against 29 per cent in 1990), but there are still wide disparities between boys and girls (a gap of 27.7 points) and between one region and another (92 per cent in Conakry and 43 per cent in Kankan), and high repeat rates (25 per cent for boys and 28 per cent for girls in 2000) and drop-out rates. This situation is due in particular to the poor supply and low quality of education, the poverty of parents and cultural problems. The situation is even more worrying when it comes to children living in the streets (and they are growing in number), and those affected by conflicts (61 per cent of refugees are children). They are often the victims of abuse and exploitation.

4. Women are subjected to many kinds of discrimination. The majority of girls are still subjected to clitoridectomy; and 85 per cent of women are illiterate (for men the figure is 63 per cent). Women account for 41 per cent of reported HIV/AIDS cases. While they participate in public life, they are still excluded from decision-making and are confined mainly to the informal sector of the economy. The Guinea demographic and health survey of 1999 revealed a high rate of maternal mortality (528 per 100,000 live births in 1999) by reason of frequent pregnancies (the total fertility rate is 5.5 per cent), early unions (50 per cent of girls who are mothers are between 15 and 18), and the low percentage of deliveries attended by qualified personnel (29 per cent).

Lessons learned from past cooperation

5. The mid-term review highlighted the results obtained in several innovative approaches of the 1997-2001 programme, persuading the Government to involve the other partners in their dissemination. The extension of the Bamako Initiative has shown the efficacy of this strategy. The handling of obstetric emergencies has demonstrated that an impact on maternal mortality can be made at a reasonable cost. The control by communities of monitoring and maintenance projects for water points has demonstrated the role that they could be given in order to make up for the limitations of institutional services. The successful of enrolment of children who

have not completed the formal cycle of schooling has shown that the strategy of giving children a second chance works. These results also enabled UNICEF to play a role in the Poverty Reduction strategy paper, particularly in improving basic services (health and basic education sectoral plans and future utilization of debt conversion for financing health), and greater gender awareness in national programmes (especially the school enrolment of girls).

6. The review pointed up the weakness of national planning and statistical systems; persistent divergencies between national texts and the two Conventions, and implementation difficulties; the poor results obtained in salt iodization owing to limitations of the programmatic approach used; and the dispersed nature of activities, which failed to give priority attention to the vulnerable groups.

Proposed country programme strategy

7. The Government has used a participatory approach in formulating the 2002-2006 programme. Under the coordination of the State Secretariat for Cooperation, the sectoral steering committees, working with the development partners, non-governmental organizations (NGOs) and children and young people (through a series of regional consultations), identified the priority areas for intervention, the objectives, the strategies and the target populations.

8. The country programme takes into account the objectives of the World Summit for Children, the priorities of the medium-term plan and of the Global Movement for Children, as well as the recommendations of the Committee on the Rights of the Child. It integrates the risks involved in the national and subregional socio-political situations. It is consistent with the national poverty reduction strategy and the preliminary guidelines of the United Nations Development Assistance Framework (UNDAF) envisaged for the beginning of 2001, for which the cycles of the United Nations agencies have been harmonized. Its goal is to further the achievement of the rights of the child and the rights of women, and its objectives are to help to: reduce infant, under-five and maternal mortality rates (from 98 to 70 per 1,000 live births, from 177 to 140 per 1,000 live births, and from 558 to 350 per 100,000, respectively); improve early childhood development and the quality of basic education for all; promote and encourage protection of the rights of the child and the rights of women; and reduce the spread of the HIV/AIDS epidemic and its impact on children, adolescents and women.

9. In order to achieve these objectives and to ensure that interventions can be sustained and replicated, the programme will use a number of strategies. It will deliver quality services; strengthen the institutional capacities of partners; decentralize and empower communities, families and women; work with partners, particularly United Nations agencies, the Joint United Nations Programme on HIV/AIDS, the World Bank, the United States Agency for International Development, the European Union, NGOs and the Governments of Canada, France, Germany, Japan and Norway; employ advocacy and communication; and focus on particular geographical areas to reach those most vulnerable. The gender approach, the campaign against HIV/AIDS and emergency preparedness and response will be cross-cutting themes in all the interventions.

10. The country programme will have national coverage for activities concerned with institution-building, advocacy and the delivery of services (for example,

immunization and micronutrient deficiency control) and coverage restricted to a focus area of 10 prefectures and 20 districts of Conakry (including the United Nations Development Assistance Framework zone of joint intervention), selected from among areas identified by the Government as the poorest, for activities aimed at improving access to essential services and empowering communities. It will benefit 1,900,000 persons (27 per cent of the population) and will comprise 5 programmes.

11. The *child survival programme* will help to: reduce mortality due to common childhood illnesses; improve the nutritional status of children, adolescents and women; reduce maternal mortality related to haemorrhaging, dystocia and eclampsia; and improve the ability of families and communities to take care of children. The programme, with, in particular, the World Health Organization, the World Bank, the African Development Bank and the United Nations Population Fund, will support reform of the health system, nutrition and water/sanitation policies, immunization services, vitamin A and iodine deficiency prevention, and efforts to control malaria and HIV/AIDS. In the focus area, it will support improvement of the delivery and quality of services, community/Bamako Initiative participation, the maternal and neonatal mortality reduction strategy, the integrated control of childhood illnesses, and community-based activities in the areas of nutrition and water/hygiene/sanitation.

12. At the national level, the *child development programme*, working with, in particular, the United Nations Educational, Scientific and Cultural Organization, the World Bank and the French Development Agency, will support the Education for all strategy, including education for peace, reaffirmed at the World Forum on Education. In the focus area, it will support improvement of the delivery and quality of school services, activities to engage and stimulate young children, and implementation of support strategies (the "child-friendly" school, school health, parent and community participation, parental education, enrolment of children who have not completed the formal cycle, and the struggle against HIV/AIDS). In this area it will help to: provide integrated care for 20 per cent of children under the age of 8; increase crude school enrolment and registration rates by 30 per cent by reducing the gap between boys and girls from 27 per cent to 15 per cent; reduce the repeat rate from 27 per cent to 10 per cent by keeping 90 per cent of girls enrolled up to the end of the primary cycle; and provide a quality education for 20,000 women and 30,000 adolescents.

13. The *protection programme* will help to: improve the living conditions of 20,000 children and women in need of special protection measures in the focus area; and strengthen the institutional framework responsible for their welfare. It will support the relevant NGOs and community services. In collaboration with the United Nations High Commissioner for Refugees and the World Food Programme, it will assist activities for refugee children and women (health, education, family reunion and psychological assistance). It will support the development of data bases and the revision of national codes. It will encourage the development and implementation of special protection strategies for children with disabilities, who are victims of the worst forms of labour exploitation and trafficking or who live off and in the street, and for girls who are exposed to female genital mutilation. Activities will also target children and adolescents who are in conflict with the law and those who are exposed to or affected by HIV/AIDS and its consequences.

14. The *community/monitoring-evaluation initiatives development programme* will help to make the local development strategy effective by strengthening national and local capacities for community planning and empowerment. At the national level, it will support the collection and analysis of social data and the monitoring of the implementation of the two Conventions and will evaluate programme performance (integrated monitoring and evaluation plan). In the focus area, it will support implementation of the national decentralization policy and will strengthen the capacities of communities and women in participatory planning, execution and monitoring of projects. Cross-cutting the other programmes, it will facilitate convergence and coordination and will assist in improving the quality of and access to basic social services.

15. The *advocacy-communication programme* will help to promote and teach behaviour conducive to the prevention and resolution of the most pressing problems experienced by children and women. It will mobilize and strengthen the capacities of leaders, the media, children, women and communities in a partnership designed to promote and implement the two Conventions. It will support initiatives enabling adolescents to realize their potential and participate in local development. It will initiate studies that will give direction to the integrated communication plan.

16. The programme will set in place an emergency preparedness and response plan, which will be coordinated with the inter-agency plan and the subregional plan of the United Nations system. The programme plan will enable support to be provided, as required, for basic services and psychological assistance to be given to displaced children and women, refugees and populations affected by emergencies. Interventions will be undertaken via all the programmes under the coordination of the community/monitoring-evaluation initiatives development programme. The cross-sectoral costs will contribute to the financing of part of the operating expenditure of the programme's support sections.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Child survival	3 250	5 000	8 250
Child development	3 000	4 000	7 000
Protection	1 466	2 000	3 466
Community/monitoring-evaluation initiatives development	1 400	3 500	4 900
Advocacy-communication	1 350	1 250	2 600
Cross-sectoral costs	1 500	0 000	1 500
Total	**11 966**	**15 750**	**27 716**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.